

(REFERENCE COPY - Not for submission)

### Broadcast Equal Employment Opportunity Mid-Term Report

FRN: **0006735864** File Number: **0000067628** Submit Date: **02/01/2019** Call Sign: **WNYO-TV** Facility ID: **67784** 

City: **BUFFALO** State: **NY** 

Service: Full Service Television | Purpose: EEO Report | Status: Received | Status Date: 02/01/2019 | Filing Status:

**Active** 

# General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

## Licensee Information

### **Licensee Name, Type and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
NEW YORK TELEVISION, INC. Doing Business As: NEW YORK TELEVISION, INC.	MILES S. MASON, ESQ. PILLSBURY WINTHROP SHAW PITTMAN LLP 1200 SEVENTEENTH STREET, NW WASHINGTON, DC 20036 United States	+1 (202) 663-8195	MILES. MASON@PILLSBURYLAW. COM	COR

# **Contact Representatives**

Information not provided.

Comi	Tanility Identifier	Call Sign	City	State	Time Brokerage Agreement
Statio	<b>ons</b> 415	WUTV	BUFFALO	NY	No
	67784	WNYO-TV	BUFFALO	NY	No

# Mid-Term Report Questions

Section	Question	Response
Mid-Term Report	Does your station employment unit employ fewer than five full-time employees?	No

### Additional Mid-Term Report Questions

#### **Responsibility for Implementation**

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

Name	Title
SHARON PICKERAL	EMPLOYMENT DIRECTOR

### Certification

Question Response

The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.F.R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay	
Certified Date	02/01/2019
Certified Title	SECRETARY, SINCLAIR TELEVISION GROUP, INC
Authorized Party Name	DAVID B. AMY

### **Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
WNYO-WUTV 2017-2018 EEO Report.pdf	Applicant	All Purpose	WNYO, WUTV 2018 EEO REPORT	Done with Virus Scan and/or Conversion
WNYO-WUTV 2018-2019 EEO Report.pdf	Applicant	All Purpose	WNYO, WUTV 2019 EEO REPORT	Done with Virus Scan and/or Conversion